

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
Provided to the Categorically Needy

- 4(b) Early and Periodic Screening, Diagnostic and Treatment
Provided with no limitations.

92-19-MA (NJ)

TN 92-19A Approval Date JUN 29 1992
Supersedes TN 92-19A Effective Date NOV 29 1991

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Addendum to
Attachment 3.1-A
Page 4(d)

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4(c) Family Planning Services and Supplies (con't)

Depo-Provera Contraceptive Injection is provided without prior authorization.

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93-34-MA(NJ)

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5(a) Physicians' Services:

Elective cosmetic surgery is not a covered service. Exception: when significant redeeming medical necessity can be demonstrated, the Division shall consider a request from the patient's physician for prior authorization to perform such surgery.

Prior authorization is required for psychiatric services by a private practitioner, exceeding a payment of \$900 in a 12 month period. Prior authorization is required for psychiatric services rendered to Medicaid recipients in nursing facilities, licensed boarding homes, and residential health care facilities after the first \$400 of Medicaid payments for services in a 12 month period.

Prior authorization is required for the processing, preserving, and transportation of corneal tissue used for transplant surgery (keratoplasty).

Physicians will be reimbursed for certain elective surgical procedures only when a second opinion has been obtained. Second opinions are not mandatory for Medicare/Medicaid eligible recipients.

HealthStart services are limited to pregnant women and independent children under the age of two.

Administration of approved injectable or inhalation drugs by a physician require no prior authorization. Other unapproved injectables are not covered as a physician service, but are covered as a pharmaceutical service. This policy does not apply to immunizations.

The limitations applicable to optometrists in 6 (b) are also applicable to ophthalmologists.

Immunizations are limited according to Division guidelines as follows:

- (1) Routine childhood immunizations provided in accordance with Division guidelines;
- (2) *Post-exposure prophylaxis; or
- (3) *Selected high-risk groups.

*** Regardless of age**

Medical services, medical procedures or prescription drugs whose use is to promote or enhance fertility are not covered services.

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97-12

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5(b) Medical and Surgical Services Furnished by a Dentist:

(The limitations are the same for physician's services (5a) and medical and surgical services performed by a dentist (5b)):

Prior authorization is required for elective cosmetic surgery.

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6(a) **Podiatrists' Services:**

Podiatric services are provided, with the exception that routine foot care, subluxations of the foot, and treatment of flat foot conditions are not provided unless medically indicated. Drugs dispensed by a podiatrist to his own patients shall not be reimbursed.

Prior authorization required for orthopedic footwear, and foot orthotics, and for debridement of hypertrophic toenails, if done more than once every two months.

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6(b) **Optometrists' Services:**

Both low vision work-up and vision training work-up require prior authorization.

The limitations on eyeglasses and optical appliances apply when the optometrist dispenses these items.

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6(c) **Chiropractors' Services:**

Provided but limited to manipulation of the spine.

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6(d) Other Practitioners' Services:

Psychologists' Services:

Psychological services are provided. Prior authorization is required for services by a private practitioner exceeding total payment of \$900 in any 12-month period.

After an initial visit, prior authorization is required for psychological services rendered to Medicaid recipients in nursing facilities, licensed boarding homes, and residential health care facilities, exceeding total payments of \$400 in a 12-month period.

Services provided by a psychologist are covered and are limited to one procedure per day, exclusive of psychological testing.

Certified Nurse Practitioner/ Clinical Nurse Specialist Services:

Services by advance practice nurses are provided. When limitations are imposed upon the providing of specific services by physician providers, those same limitations exist for nurse practitioners/ clinical nurse specialists as for the other providers.

Consultations are not reimbursable.

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Home Health Services:

7(a) Intermittent or Part-time Nursing Services:

When the cost of home health care is equal to or in excess of the cost of institutional care over a protracted period (that is, six months or more), the Medicaid Program may opt to limit or deny the provision of home care services on a prospective basis.

Medicaid District Office staff periodically and on an ongoing basis shall perform case management and conduct post-payment quality assurance reviews of recipient services to evaluate the appropriateness and quality of home health services. The findings shall be communicated to the provider and may result in an increase, reduction or termination of service.

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Home Health Services:

7(b) Home Health Aide Services:

Same as in 7(a). In residential health care facilities, homemaker home health aide services are not provided.

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